

Parent Nomination/Observations

Providence Public Schools
Office of Advanced Academics
797 Westminster Street
Providence, RI 02903

Student Name: _____

Dear Parents/Guardians:

There is no one who is more knowledgeable about your child than you. The selection committee would like for you to respond to the following: (If you need help with this form, email advancedacademics@ppsd.org.)

1. At what age did your child read?
2. Tell us about the interests and curiosities of your child.
3. Tell us how your child used words that you would not have expected at a particular age.
4. Please describe any areas in which your child has shown persistence?
5. Have your child's favorite companions been the same age or have they often been older children or even adults?
6. Has your child ever exhibited a surprising sense of humor, perhaps one that was not appreciated by other children the same age?
7. Please describe any early child care opportunities (babysitter, daycare, family care, pre-school) and the kinds of things your child learned there (e.g. numbers, pre-reading skills, art or music activities).
8. Can you report anything that makes you think your child has a high level of ability?

Please feel free to write any other information regarding your child that you feel would help up in the selection process.